

(As listed on legal documents)

1 NAME _____
 Last Name First Name Middle Name

Social Security #

Current Mailing Address: _____
 Street

Gavilan ID #

G00

City State Zip Code

Home Phone: _____ Email: _____

Cell Phone: _____ Name on previous Gavilan records: _____

2 GENDER

Male Female

3 BIRTHDATE

_____/_____/_____
 Month Day Year

Place of Birth

State: _____ Country: _____

4 CITIZENSHIP

- 1 U.S. Citizen
- 2 Permanent Resident: INS Number _____
- 3 Temporary Resident: INS Number _____
- 4 Refugee/Asylee (verification required)
- 5 F-1 Student Visa
- 6 Other (Specify) _____

5. MARITAL STATUS

- Unmarried
- Married
- Decline to state

6 ETHNICITY AND RACE

Are you of Hispanic or Latino ethnicity? Yes No

What is your race? Check all that apply.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> 1 Hispanic, Latino | <input type="checkbox"/> 7 Asian: Chinese | <input type="checkbox"/> 13 Filipino | <input type="checkbox"/> 19 Pac. Islander: Samoan |
| <input type="checkbox"/> 2 Mexican-American, Chicano | <input type="checkbox"/> 8 Asian: Japanese | <input type="checkbox"/> 14 Asian | <input type="checkbox"/> 20 Pac. Islander: Other |
| <input type="checkbox"/> 3 Central American | <input type="checkbox"/> 9 Asian: Korean | <input type="checkbox"/> 15 Black or African-American | <input type="checkbox"/> 21 White |
| <input type="checkbox"/> 4 South American | <input type="checkbox"/> 10 Asian: Laotian | <input type="checkbox"/> 16 American Indian/Alaskan Native | |
| <input type="checkbox"/> 5 Hispanic Other | <input type="checkbox"/> 11 Asian: Cambodian | <input type="checkbox"/> 17 Pac. Islander: Guamanian | |
| <input type="checkbox"/> 6 Asian: Indian | <input type="checkbox"/> 12 Asian: Vietnamese | <input type="checkbox"/> 18 Pac. Islander: Hawaiian | |

7 STUDENT TYPE

- 1 NEW, never attended any college
- 2 NEW TRANSFER, attended college other than Gavilan
- 3 RETURNING, last attended Gavilan but not last semester
 - Date of last attendance at Gavilan: _____
 - Semester _____ Year _____

8 EDUCATION GOALS

- | | |
|---|--|
| <input type="checkbox"/> 1 Personal Interest, not for employment | <input type="checkbox"/> 8 Job Skills, to Prepare for a New Job/Career |
| <input type="checkbox"/> 2 Transfer to a 4 year college WITH AA, AS Degree | <input type="checkbox"/> 9 Enhance Present Job Skills |
| <input type="checkbox"/> 3 Transfer to a 4 year college WITHOUT AA, AS Degree | <input type="checkbox"/> 10 Maintain Certificate or License (e.g., Nursing) |
| <input type="checkbox"/> 4 Associates Degree, General Education | <input type="checkbox"/> 11 Improve Basic Skills in English, Reading or Math |
| <input type="checkbox"/> 5 Associates Degree, Vocational | <input type="checkbox"/> 12 Complete Credits for High School Diploma or GED |
| <input type="checkbox"/> 6 Vocational Certificate | <input type="checkbox"/> 13 Undecided on Goal |
| <input type="checkbox"/> 7 Discover/Formulate Career Interests, Plans, Goals | |

9 STUDENT EDUCATION LEVEL (Highest level of education)

- | | |
|---|---|
| <input type="checkbox"/> 1 Not a Graduate of, and no longer in High School | <input type="checkbox"/> 5 Received GED or Certificate of Equivalency/Completion. Year? _____ |
| <input type="checkbox"/> 2 High School Student (currently enrolled in grades 9-12)
Year of expected HS Graduation: _____ | <input type="checkbox"/> 6 Received Certificate or High School Proficiency Exam. Year? _____ |
| <input type="checkbox"/> 3 Currently Enrolled in Adult School | <input type="checkbox"/> 7 Foreign High School graduate. Year? _____ |
| <input type="checkbox"/> 4 Received High School Diploma. Year? _____ | <input type="checkbox"/> 8 Received an Associate Degree. Year? _____ |
| | <input type="checkbox"/> 9 Received a Baccalaureate or higher degree. Year? _____ |

10 HIGH SCHOOL LAST ATTENDED

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> 010236 Ann Sobrato | <input type="checkbox"/> 433299 Andrew Hill | <input type="checkbox"/> 274405 Notre Dame (Salinas) | <input type="checkbox"/> 353650 San Benito Eve |
| <input type="checkbox"/> 353006 Anzar | <input type="checkbox"/> 433352 Leland | <input type="checkbox"/> 433520 Oak Grove | <input type="checkbox"/> 433002 Santa Teresa |
| <input type="checkbox"/> 433448 Central | <input type="checkbox"/> 433363 James Lick | <input type="checkbox"/> 433542 Overfelt | <input type="checkbox"/> 433790 Silver Creek |
| <input type="checkbox"/> 840118 Christopher High | <input type="checkbox"/> 433395 Live Oak | <input type="checkbox"/> 274413 Palma | <input type="checkbox"/> 011449 TJ Owens (GECA) |
| <input type="checkbox"/> 433061 El Portal | <input type="checkbox"/> 433485 Mt. Madonna (Gilroy) | <input type="checkbox"/> 273455 Salinas | <input type="checkbox"/> 443790 Watsonville |
| <input type="checkbox"/> 433283 Gilroy | <input type="checkbox"/> 053711 Mt. Madonna (Watsonville) | <input type="checkbox"/> 353002 San Andreas Continuation | <input type="checkbox"/> 433895 Willow Glen |
| <input type="checkbox"/> 433008 Gunderson | <input type="checkbox"/> 273317 North Salinas | <input type="checkbox"/> 353700 San Benito | |

Name & location of High School if not listed above: _____
 Name of High School City State

11 MAJOR (at Gavilan)

Major: _____ AA AS Certificate

12 COLLEGES ATTENDED (List last college attended first)

College: _____ City _____ State: _____ Dates: from: _____ to: _____

College: _____ City _____ State: _____ Dates: from: _____ to: _____

STATEMENT OF LEGAL RESIDENCE

Name _____ Social Security # _____
Last First Middle Initial

Address _____
Street City State Zip

Date of Birth ____ / ____ / ____

PART A To Be Completed By All Applicants

Have you lived in California for the past two years?

Yes If you answered "Yes" and you are unmarried and under the age of 19, go to part B, otherwise skip to Part C.

No If you answered "No" complete the following:

↳ Date present stay in California began _____

Do you intend California to be your permanent residence? Yes No

Did you file California State Income Tax for the last two years? Yes No

Are you a public school credentialed employee? Yes No

Are you a seasonal agricultural employee or dependent? Yes No

Do you have a Drivers License or ID card? State: _____ Date Issued: _____

Are you registered to vote? State: _____ Date Registered: _____

Vehicle registration? State: _____ Date Issued: _____

Other proof of residency in California? _____

List states lived in for the last two years and the dates:

State: _____ from _____ to _____

State: _____ from _____ to _____

PART B To Be Completed About Your Parents or Legal Guardian if you are UNMARRIED and UNDER the AGE OF 19

- Have you lived continuously for the past two years with one or both of your parents or guardian?

Yes With Whom? Both parents Mother Father Legal Guardian

Address: _____
Street City State Zip

- Have they lived continuously for the past two years at the California address noted above? Yes No

No If "no" and you wish to be considered a California resident, please complete the following about your parent(s) or legal guardian:

- Did they file California State Income Tax the last two years? Yes No

- Do they have any of the following?

• A Drivers License or ID card? No Yes: State: _____ Date Issued: _____

• Are they registered to vote? No Yes: State: _____ Date Issued: _____

• Vehicle registration? No Yes: State: _____ Date Registered: _____

Other proof of residency in California _____

PART C To Be Completed by Active Military Persons, Dependents or Veterans Discharged Within the Last Year

- Are you a member of the military Yes No
- Are you a dependent of an active military person? Yes No
- When did you or your sponsor's tour begin in California? _____
- What is your state of legal residence on military records? _____

Note

Active duty military persons and/or dependents must provide a statement from the commanding officer stating the date of assignment and that the assignment to California is not for educational purposes. Dependents must also provide a letter stating that they are the dependent of a military person for the purpose of Federal Tax exemption.

PART D US Military / Dependent of Military Status

- Student's military service status, report all that apply.

1 Currently serving on active duty? Yes No

2 Veteran Yes No

3 Member of the active reserve Yes No

4 Member of the National Guard Yes No

- If you are a dependent child or spouse of an active member of the U.S. military, answer the following questions about your parent/guardian or spouse. Report all that apply.

1 Parent/guardian or spouse is currently on active duty Yes No

2 Parent/guardian or spouse is currently a veteran Yes No

3 Parent/guardian or spouse is a member of the Active Reserve Yes No

4 Parent/guardian or spouse is a member of the National Guard Yes No

PART E

Foster Youth Status

- Are you or were you in foster care? Yes No/Never Unknown

If “yes”, please select one of the following:

- Current in-state system
 - Previous in-state system
 - Current out-of-state system
 - Previous out-of-state system
 - Previous temporary status
- Are you interested in learning about additional resources and services you may be eligible for? Yes No

PART F

Student's Parent/Guardian Education Level

- Regardless of your age, please indicate the education levels of your parents and/or guardians

Parent/Guardian 1:

- 1 Grade 9 or less
- 2 Grade 10, 11, or 12 but did not graduate
- 3 High School graduate
- 4 Some college but no degree
- 5 AA/AS degree
- 6 BA/BS degree
- 7 Graduate or professional degree beyond a BA/BS
- Y Not applicable, no first parent/guardian
- X Unknown

Parent/Guardian 2:

- 1 Grade 9 or less
- 2 Grade 10, 11, or 12 but did not graduate
- 3 High School graduate
- 4 Some college but no degree
- 5 AA/AS degree
- 6 BA/BS degree
- 7 Graduate or professional degree beyond a BA/BS
- Y Not applicable, no first parent/guardian
- X Unknown

PART G

To Be Signed by Applicant

I declare under penalty of perjury that the statements submitted by me in connection with this application and for determination of residency are true and correct. All materials submitted by me for purposes of admission become the property of Gavilan College. I understand that falsification, withholding pertinent data, or failure to report changes in residence may result in my dismissal from the College.

Student's Signature

Date

Directory Information: No personal data other than directory information will be released without your written consent.